



## ATTACHMENT X

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOVROBIN KAY, Ph.D.  
Acting Director  
DENNIS MURATA, M.S.W.  
Acting Chief Deputy Director  
RODERICK SHANER, M.D.  
Medical Director

## CONTRACTOR ADDRESS FORM

☐ New  
☐ Change of Address

Contractor Name: (Must be the same name in the NPI Registry & Contract)	
DBA: (Must be the same name in the NPI Registry & Contract)	
Contract Number:	
Provider Type	Group <input type="checkbox"/> Individual <input type="checkbox"/>

All fields below are required

<input type="checkbox"/> <b>Mailing Address</b> (must attach NPI Registry print out & must match the Provider Business Mailing Address in the NPI Registry)		<b>FFS Provider #:</b>
<b>A.</b>		
_____ _____ _____		
Telephone No. ( ) _____	Fax No. ( ) _____	
Provider E-mail:		
<input type="checkbox"/> <b>Office Service Location (published for referrals)</b> (must attach NPI Registry print out & must match the Provider Business Practice Location Address in the NPI Registry)		<b>Accept Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NPI #:</b>
<b>B.</b>		
_____ _____ _____		
Telephone No. ( ) _____	Fax No. ( ) _____	
<a href="http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm">http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm</a> :		
<b>Service Area: 1 2 3 4 5 6 7 8 OOC</b>		<b>Supervisory District: 1 2 3 4 5</b>
* Use another sheet for additional Service location on Provider Directory		
<input type="checkbox"/> <b>Pay To Address</b> (must attach W-9 form & must match the address in W-9 form)		<b>ECAPS/WebVen Vendor #:</b> _____ <a href="http://camisvr.co.la.ca.us/webven/">http://camisvr.co.la.ca.us/webven/</a>
<b>C.</b>		
_____ _____ _____		
Billers Telephone No. ( ) _____	Billers Fax #: ( ) _____	
Billers Name	Billing office E-mail:	

Please fax to (213) 381-7092 and mail the signed form and attachments to Contracts Development and Administration Division, ATTN: Fee-For-Service Section, 550 S. Vermont, 5<sup>th</sup> Floor, Los Angeles, CA 90020.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Rev: 07/18/2016

ROBIN KAY, Ph.D.  
Acting DirectorDENNIS MURATA, M.S.W.  
Acting Chief Deputy DirectorRODERICK SHANER, M.D.  
Medical DirectorLOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
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DBA: (Must be the same name in the NPI Registry & contract)	
Contract Number:	
Provider Type	Group <input type="checkbox"/> Individual <input type="checkbox"/>

<input type="checkbox"/> Add <input type="checkbox"/> Delete Other Service address (published for referrals)	
A. Accept Referrals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone No. ( )	Fax No. ( )
<a href="http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm">http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm</a> :	
Service Area: 1 2 3 4 5 6 7 8 OOC Supervisorial District: 1 2 3 4 5	
* Use another sheet for additional Service location on Provider Directory	
<input type="checkbox"/> Add <input type="checkbox"/> Delete Other Service address (published for referrals)	
B. Accept Referrals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone No. ( )	Fax No. ( )
<a href="http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm">http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm</a> :	
Service Area: 1 2 3 4 5 6 7 8 OOC Supervisorial District: 1 2 3 4 5	
* Use another sheet for additional Service location on Provider Directory	
<input type="checkbox"/> Add <input type="checkbox"/> Delete Other Service address (published for referrals)	
C. Accept Referrals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone No. ( )	Fax No. ( )
<a href="http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm">http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm</a> :	
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Print Name of Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

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